

DEC 11 2020 15:46 USRC

**Fill in this Information to identify the case:**

Debtor 1     Brian F. Fenelon  
                     First Name                      Middle Name                      Last Name

Debtor 2  
 (Spouse, if filing)     \_\_\_\_\_  
                     First Name                      Middle Name                      Last Name

United States Bankruptcy Court for the District of Massachusetts

Case number:     19-11809-jeb

**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$9,780.15
Claimant's Name:	Brian F. Fenelon
Claimant's Current Mailing Address, Telephone Number, and Email Address:	C/O Spring Solutions, LLC P.O. Box 334 Glen Burnie, MD 21060 <a href="mailto:springsolutionsllc@gmail.com">springsolutionsllc@gmail.com</a> 410.760.5841
Reason Funds Were Not Received by Claimant	The Debtor was not aware of the unclaimed funds or the process to retrieve them.

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☒ Applicant is Claimant's representative (*e.g.*, attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

**3. Supporting Documentation**

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation, including separate affidavit, with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

**4. Notice to United States Attorney**

X Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

U.S. Attorney for the District of Massachusetts  
1 Courthouse Way, Suite 9200  
Boston, MA 02210

**5. Applicant Declaration**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 12/1/2020

Margaret Porter  
Signature of Applicant

Marquette Porter, Member of Spring Solutions, LLC  
Printed Name of Applicant

Address: P.O. Box 334,  
Glen Burnie, MD 21060

Telephone: 410.760.5841

Email: springsolutionsllc@gmail.com

**5. Co-Applicant Declaration (if applicable)**

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**6. Notarization**

STATE OF Maryland  
COUNTY OF Anne Arundel

This Application for Unclaimed Funds, dated 12/1/2020 was subscribed and sworn to before me this 1st day of December, 2020 by

Margaret Porter  
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Craig S. Stanton  
NOTARY PUBLIC  
Baltimore City  
MARYLAND  
MY COMMISSION EXPIRES SEPT. 10, 2023

**6. Notarization**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

\_\_\_\_\_  
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MASSACHUSETTS

In Re: Brian F. Fenelon

Debtor

\*  
\*  
\*

Case No. 19-11809-jeb


Chapter 13

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on this 15<sup>th</sup> day of December, 2020, a copy of the Amended Application for Payment of Unclaimed Funds was served by first class mail, postage, prepaid, by hand delivery, and/or electronic case filing system to:

U.S. Attorney for the District of Massachusetts  
1 Courthouse Way, Suite 9200  
Boston, MA 02210

Date: 12/11/20

  
\_\_\_\_\_  
Marquette Porter  
Member of Spring Solutions, LLC  
P.O. Box 334  
Glen Burnie, MD 21060  
(410)760-5851